

KNOX-KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1300.84.06 AND 1300.84.2
FOR THE (MONTH/QUARTER/YEAR) ENDING
DATE

1.
- Explanation of the method of calculating the provision for incurred and unreported claims:
2.
- Accounts and notes receivable from officers, directors, owners or affiliates, as detailed below:

<u>Name of Debtor</u>	<u>Nature of Relationship</u>	<u>Nature of Receivable</u>	<u>Amount</u>	<u>Terms</u>
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3.
- Donated materials or services received by the Plan for the period of the financial statements, as detailed below:

<u>Donor's Name</u>	<u>Affiliation With Plan</u>	<u>Valuation Method</u>	<u>Amount</u>
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4.
- Forgiven debt or obligations, as detailed below:

<u>Creditor's Name</u>	<u>Affiliation With Plan</u>	<u>Summary of How Obligation Arose</u>	<u>Amount</u>
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5.
- Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1300.76 of the Rules:

Net Equity at (Date)	\$_____
Add: Subordinated Debt	\$_____
Less: Receivables from officers, directors, and affiliates	\$_____
Intangibles	\$_____
Tangible Net Equity (TNE)	\$_____
Required Tangible Net Equity (See Page 2)	\$_____
TNE Excess (Deficiency)	\$_____

REQUIRED TANGIBLE NET EQUITY (TNE) CALCULATION:
TNE required must be equal to the GREATER of “A””B” or “C” below (See Rule 1300.76)

		<u>Full Service</u> <u>Plan</u> <u>\$ 1,000,000</u>		<u>Specialized</u> <u>Plan</u> <u>\$ 50,000</u>
A.	Minimum TNE Requirement			
B.	2% Of the first \$150 Million of annualized Premium Revenue	\$	2% of the first \$7.5 Million of annualized Premium Revenue	\$
	Plus		Plus	
	1% of annualized Premium Revenues in excess of \$150 Million	\$	1% of annualized Premium Revenues in excess of \$7.5 Million	\$
	Total	\$	Total	\$
C.	8% of the first \$150 Million of annualized health care expenditures, except those paid on a capitated or managed hospital payment basis.	\$	4% of annualized health care expenditures in excess of \$7.5 Million except those paid on a capitated or managed hospital payment basis.	\$
	Plus		Plus	
	4% of annualized health care expenditures in excess of \$150 Million except those paid on a capitated or managed hospital payment basis.	\$	4% of annualized health care expenditures in excess of \$7.5 Million except those paid on a capitated or managed hospital payment basis.	\$
	Plus		Plus	
	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$
	Total	\$	Total	\$
	Required TNE – Greater of “A”, ”B”, or “C” (To	\$		\$
	Page 1)			

6.

Percentage of administrative costs to revenue obtained from subscribers and enrollees:

Revenue from Subscribers and Enrollees

\$

Administrative Costs

\$

Percentage

%

7.

The amount of health care expense incurred during the six months period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees:

\$

8.

Total costs for health care services for the immediate preceding six months.

\$

9.

If the amount of health care expenses incurred during the six month period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees exceeds 10% of the total costs for health care services for the immediately preceding six months, the following information, determined as of the date of the reports, shall be provided:

(i)

Amount of all claims for noncontracting provider services received for reimbursement but not yet processed:

\$

(ii)

Amount of all claims for noncontracting provider services denied for reimbursement during the previous 45 days:

\$

(iii)

Amount of all claims for noncontracting provider services approved for reimbursement but not yet paid:

\$

(iv)

An estimate of the amount of claims for noncontracting provider services incurred, but not reported:

\$

(v)

Compliance with Section 1377 as determined in accordance with such section, as follows:

1.

Cash & cash equivalents maintained

\$

2.

Noncontracting provider claims (aggregate of total of items (i) – (iv) above)

\$

3.

Cash and cash equivalents reported to be maintained (120% x Line 2)

\$

4.

Deposits required by January 1, 1991

\$

5.

Excess (deficient) reserves (Line 1 – Line 3)

\$

6.

Deposit required by January 1992 (100% of Line 3)

\$